

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4066AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2014
NAME OF PROVIDER OR SUPPLIER ANGEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 465 EAST ROBINDALE ROAD LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey and complaint survey conducted in your facility 3/19 through 3/27/14. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Health Division.</p> <p>The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness and/or persons with mental illness, Category II residents. The census at the time of the re-grading survey was three. Three resident files were reviewed and two employee files were reviewed.</p> <p>The facility received a re-survey grade of B.</p> <p>Complaint #NV00038125 contained four allegations:</p> <p>The allegation regarding the facility smelled of urine and utilized incense to cover the smell was unsubstantiated through observation and interview.</p> <p>The allegation regarding a resident was left wet for an extended period of time was unsubstantiated through interview.</p> <p>The allegation regarding there were no sheets on residents beds was not substantiated through observation and interview.</p> <p>The allegation regarding caregivers shutting the resident's bedroom doors at night and being unresponsive to resident calls was unsubstantiated through interview.</p> <p>Complaint #NV00038125: The complaint</p>	Y 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Y 000	<p>Continued From page 1</p> <p>investigative process was initiated by the Division of Public and Behavioral Health on 3/27/14.</p> <p>The investigation for the allegation regarding the facility smelled of urine and utilized incense to cover the smell included:</p> <ul style="list-style-type: none"> - On 3/28/14 at 4:30 PM, an on-site visit was conducted. The facility was clean and free from offensive odors. - On 3/28/14 at 4:30 PM, interviews with residents revealed they have no issues with offensive odors in the facility. - On 3/28/14 at 5:30 PM, an interview with Employee #2 revealed incense and air fresheners were used to help the facility smell good and were not used to mask odors. Resident consent is asked before incense or air freshener is used in a resident room. <p>The investigation for the allegation regarding a resident was left wet for an extended period of time included:</p> <ul style="list-style-type: none"> - On 3/27/14 at 4:30 PM, interviews with residents who were incontinent pad dependant, revealed they are changed in a timely manner and are always attended to in a timely manner. Resident #3 stated there is an intercom system in the bedroom and is used when assistance is needed. - On 3/27/17 at 5:30 PM, an interview with Employee #2 revealed residents are changed every morning and night and more frequently if needed. Employee #2 stated caregivers check on the residents throughout the day and the residents let the caregivers know if they have to use the restroom or when their incontinent pad 	Y 000		

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Y 000	<p>Continued From page 2</p> <p>needed to be changed.</p> <p>The investigation for the allegation regarding there were no sheets on resident's bed included:</p> <ul style="list-style-type: none"> - On 3/27/14 at 4:30 PM, during a tour of the facility it was observed 3 of 3 resident beds had sheets. - On 3/27/14 at 4:30 PM, interviews with residents revealed they always have clean sheets and are never left without. - On 3/27/14 at 5:00 PM, an interview with Employee #1 revealed bed sheets are washed and changed every other day and for resident's who have incontinent issues, the linens are changed more frequently. <p>The investigation for the allegation regarding caregivers shut resident's bedroom doors at night and were unresponsive to resident calls included:</p> <ul style="list-style-type: none"> - On 3/27/14 at 4:30 PM, interviews with residents revealed their doors are left open at night and have received good care. - On 3/27/14 at 5:00 PM, an interview with Employee #1 revealed the facility has an intercom system and each bedroom has a call button which can be heard throughout the facility. - On 3/27/14 PM at 5:30 PM, an interview with Employee #2 revealed the residents are always asked if they want their door left open or closed at night. <p>The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal</p>	Y 000		

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Y 000	Continued From page 3 or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Based on interview and observation, the administrator failed to provide oversight and direction to the staff to ensure 3 of 3 residents receive the needed services and protective supervision they required. Findings include: On 3/19/14 at 2:00 PM, observed no Administrator license posted. On 3/19/14 at 2:00 PM, the Manager indicated the Administrator resigned on 2/7/14. No application was submitted to the Bureau for change of Administrator as of 3/19/14. Severity: 1 Scope: 3	Y 050		

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Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB) (Employee #1).</p> <p>Findings include:</p> <p>Employee #2 - On 3/19/14 at 2:30 PM, observed an annual signs and symptoms document in the file dated 2/12/13. There were no 2014 signs and symptoms found in the file.</p> <p>On 3/19/14 at 2:30 PM, the Manager acknowledged the missing signs and symptoms documentation.</p> <p>This was a repeat from the 9/4/13 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p>	Y 103		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required</p>	Y 105		

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Y 105	<p>Continued From page 5</p> <p>for each shift.</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 employees met background check requirements of NRS 449 (Employee #1 and #2).</p> <p>Findings include:</p> <p>Employee #1 - hire date 10/6/13. On 3/19/14 at 2:15 PM, observed fingerprints in the file dated 10/7/13. There were no State or FBI results observed in the file. The mail receipt for the fingerprints was dated 3/4/14.</p> <p>On 3/19/14 at 2:15 PM, the Manager acknowledged the missing fingerprint results.</p> <p>Employee #2 - hire date 10/4/04. On 3/19/14 at 2:30 PM, observed fingerprints dated 1/13/09 in the file. There was no evidence of renewal fingerprints or State and FBI results in the file.</p> <p>On 3/19/14 at 2:30 PM, the Manager acknowledged the expired background checks.</p> <p>Severity: 2 Scope: 3</p>	Y 105		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident	Y 859		

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Y 859	<p>Continued From page 6</p> <p>NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 residents received an annual physical examination (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 - On 3/19/14 at 2:45 PM, observed the last annual physical in the file was dated 1/9/13. No 2014 annual physical was found in the file.</p> <p>On 3/19/14 at 2:45 PM, the Manager acknowledged the missing annual physical examination.</p> <p>Severity: 2 Scope: 1</p>	Y 859		
Y1021 SS=D	<p>449.2766(2)(3) Chronic Illness Training</p> <p>NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for</p>	Y1021		

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Y1021	<p>Continued From page 7</p> <p>endorsement; training for employees.</p> <p>2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections.</p> <p>3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility has a chronic illness endorsement and failed to ensure 1 of 2 caregivers had received at least 4 hours of training concerning care for residents with chronic illnesses and methods of infection control within 60 days of hire(Employee #1).</p> <p>Findings include:</p> <p>Employee #1 - hire date 10/6/13. On 3/19/14 at 2:15 PM, found no evidence of chronic illness training in the file.</p> <p>On 3/19/14 at 2:15 PM, the Manager acknowledged the missing training.</p> <p>Severity: 2 Scope: 1</p>	Y1021		

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